## **EXPENSES CLAIM FORM**

. EOD	DETAILED	INSTRUCTIONS	CEE INICTRI	ICTIONS TAD

- ALWAYS USE A NEW MASTER FORM FOR EACH CLAIM, DO NOT USE A PREVIOUSLY COMPLETED ONE AS FORMULAE ARE LOST WHEN OVER-WRITTEN.
- PLEASE USE THIS FORM FOR PROVISION OF OFFICE COSTS CLAIMS
- DO NOT INCLUDE PARKING DUE FROM THE STAFF PARKING SCHEME.
   MAKE SURE FREGRES USTED IN CELL ISOUSE ARE RESOLVED REFORE SURMITTING CLAIM.

NAME:			E 150 152 A1	te nesoe,	/ED BEFORE SUBMITTING CLAIM  James	Dipple-Johnstone DATE OF CLAIM:		30/09/19			CLAIN	Dipp30-09-19	
	J				DD/MM/YY			is call with correspond					
						COST CENTRE (TEAM NUMBER / N	NAME):	120 - LE	ADERSH	IIP TEAM	overwrite this cell with currency if "other" selected below		
	DATE & TIME (FOR SUBSISTENCE CLAIMS)								AMOUNT CLAIMED		FINANCE USE		
RECEIPT	DATE/	TRIP		TOTAL				RECEIPT	NO.	No.	CHOOSE		
TRIP S	00 00 00	DD/MM/YY		TRIP HRS	REASON FOR TRIP WHY YOU TRAVELLED	DESCRIPTION OF EXPENSE  WHAT YOU PAID FOR	CATEGORY  CHOOSE FROM DROP DOWN LIST	NUMBER ENTER NUMB		PASSENGERS	CURRENCY UK £	PROJECT CODE  USE DROP DOWN LIST	CODE
15/09/19				_	Basel Trip to G7/BIS	2 nights overnight incidentals	Overseas overnight incidental allowance 2		I ONELS.	N/A		NO PROJECT - 0000	120-26002-0000
	2 1100100	1,703/13	14.00.00	46.00	and the corporation of the corpo		Over seas over might includented allowance 2			1,77	20.00	NOT HOSECT COOC	120 20002 0000
						I.							
								-					
er any no	otes relating	g to this clair	n here	-				Total miles	0				
							TOTAL EXPENSES INCURRED				20.00		
laimant declaration: James Dipple-Joh		James Dipple-Johnstone	CASH ADVANCE RECEIVED										
confirm that all of the above expenses have been incurred wholly, exclusively and necessarily on ICO busin laimed that I held a valid driving licence and the vehicle used had a motor insurance policy for use in connertificate on the date of travel.						TOTAL CLAIMED/(REPAID TO FINANCE)							
					Once the errors in Cell I50-52 are resolved, forward this clain expenses@ico.org.uk with "approved expenses" in the subje	and your scanned receipts to your approver who should reviet.	ew it and then email it to	NO ERRORS	n/a n/a n/a				

## **EXPENSES CLAIM FORM**

EOD DETAILE	2 INICTDITICTIONS	- SEE INSTRUCTIONS TAR

- ALWAYS USE A NEW MASTER FORM FOR EACH CLAIM, DO NOT USE A PREVIOUSLY COMPLETED ONE AS FORMULAE ARE LOST WHEN OVER-WRITTEN.
- PLEASE USE THIS FORM FOR PROVISION OF OFFICE COSTS CLAIMS
- DO NOT INCLUDE PARKING DUE FROM THE STAFF PARKING SCHEME.

   MAKE SURE ERRORS LISTED IN CELL 150-152 ARE RESOLVED BEFORE SUBMITTING CLAIM

NAME:					Nicola	Wood	DATE OF CLAIM: DD/MM/YY	02/09/19		9	CLAIM REFERENCE:		Wood02-09-19
						COST CENTRE (TEAM NUMBER / NA	AME):	120 NEDs		s	overwrite this cell with currency if "other" selected below		
DATE & TIME (FOR SUBSISTENCE CLAIMS)  RECEIPT DATE/ TRIP END TOTAL			AIMS)	TOTAL				RECEIPT	NO.	NO.	AMOUNT CLAIMED CHOOSE		FINANCE USE
TRIP S				TRIP	REASON FOR TRIP	DESCRIPTION OF EXPENSE	CATEGORY	NUMBER		PASSENGERS	CURRENCY	PROJECT CODE	
DD/MM/YY	00:00:00	DD/MM/YY	00:00:00	HRS	WHY YOU TRAVELLED  Management Board Meeting	WHAT YOU PAID FOR  Return trip by car - Cambridge to Wilmslow	CHOOSE FROM DROP DOWN LIST	ENTER NUMB			UK£	USE DROP DOWN LIST	CODE
05/08/19				n/a	inanagement board weeting	return trip by car - Cambridge to Willinslow	Car miles - 45p standard rate 26001	N/A	346	0	155.70		120-26001-
Enter any notes relating to this claim here								Total miles	346				
							TOTAL EXPENSES INCURRED				155.70		
Claimant declaration: Nicola Wood			CASH ADVANCE RECEIVED										
I confirm that all of the above expenses have been incurred wholly, exclusively and necessarily on ICO business and I held a valid driving licence and the vehicle used had a motor insurance policy for use in connection with busines						TOTAL CLAIMED/(REPAID TO FINANCE) 155.70							
travel.													
Chris Braithwaite Once the errors in Cell ISO-52 are resolved, forward this claim and expenses@ico.org.uk with "approved expenses" in the subject.						nd your scanned receipts to your approver who should review it	n/a NO ERRORS n/a n/a						